



# California Specialized Training Institute

## Training Division of the California Emergency Management Agency

POST OFFICE BOX 8123 ♦ San Luis Obispo, CA 93403

CRIMINAL JUSTICE AND RIMS  
(805) 549-3190 FAX: (805) 543-0554

EMERGENCY MGMT/FEMA AND SEMS  
(805) 549-3536 FAX: (805) 549-3348

HAZARDOUS MATERIALS  
(805) 549-3344 FAX: (805) 549-3555

### STUDENT INFORMATION

Confirmation Send To: ☐ Home ☐ Work ☐ Organization

Student ID #  POST ID   
Peace Officers only

First Name:

Last Name:

Title:

Agency:

#### **WORK -**

Street Address:

City:

State:  Zip Code:

Phone:  Ext:

Cell Phone:

Fax:

Email:

#### **HOME -**

Street Address:

City:

State:  Zip Code:

Phone:

Cell Phone:

Email:

### EMERGENCY NOTIFICATION

Name:

Relationship:

Address:

State:  Zip Code:

Phone Number:

### SPECIAL CONSIDERATION

PLEASE NOTE BELOW IF YOU HAVE A DISABILITY WHICH SHOULD BE  
CONSIDERED FOR SEATING ASSIGNMENT OR SPECIAL DIETARY NEEDS.

APPLICANT'S SIGNATURE AND DATE BELOW

MM/DD/YYYY:

APPLICATION FOR ENROLLMENT

### CLASS INFORMATION

Course Title:

Class Date:  1st Choice  2nd Choice

Class Number:

Prerequisite:

### EXPERIENCE

DESCRIBE APPLICANT'S PROFESSIONAL EXPERIENCE, YEARS OF EXPERIENCE  
AND CURRENT POSITION. THIS INFORMATION IS VITAL FOR PROPER ROLE-  
PLAYING ASSIGNMENT IN EMERGENCY MANAGEMENT COURSES.

ENTER A NUMBER FROM THE LIST BELOW THAT BEST DESCRIBES

#### YOUR PROFESSION:

- |                      |                                   |                        |
|----------------------|-----------------------------------|------------------------|
| 1) Police            | 11) Public Information Officer    | 21) Schools            |
| 2) Sheriff           | 12) Public works                  | 22) Community Svcs     |
| 3) Fire              | 13) Parks and Recreation          | 23) Other              |
| 4) Highway Patrol    | 14) Legal                         | 24) University (other) |
| 5) Military          | 15) University                    | 25) City (others)      |
| 6) University Police | 16) Health, City/Co/State         | 26) County (others)    |
| 7) City/County Admin | 17) Medical, Hosp/Dr/RN           | 27) State (others)     |
| 8) Finance           | 18) Private Industry              | 28) Transportation     |
| 9) Planning          | 19) Emerg Svcs, City/County/State | 29) Federal Agencies   |
| 10) CDF/County Fire  | 20) Volunteer Agencies            | 30) Airport            |

### TRAINING OFFICER OR SUPERVISOR INFORMATION

(Print/Type) Applicant's Supervisor/Training Officer

Title of Supervisor

Phone Number Of Supervisor:

E-Mail Of Supervisor:

APPLICANT'S SUPERVISOR/TRAINING OFFICER  
(SIGNATURE AND DATE BELOW)

MM/DD/YYYY:

#### FOR TRAINING BRANCH AND LEPC REGION USE ONLY

Region:

☐ I

☐ II

☐ III

☐ IV

☐ V

☐ VI

☐ EMPG

☐ Tuition

☐ Per Diem

☐ HMEP

☐ Tuition

☐ Per Diem

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